

Human Service Delivery in the Rural Community


Case Study: Wells County, Indiana

An Honors Thesis (HONRS 499)

by

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A handwritten signature in cursive script, reading "Pam Miller", written in black ink.

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Purpose of Thesis

This discussion, based primarily upon the findings of personal interviews with community leaders, examines the workings of the human service delivery system of one rural county in Northeast Indiana. The study addresses the needs of the Wells County community, along with the action presently being taken to address those needs and it identifies the remaining deficits in service delivery. Finally, there is an evaluation of the strengths and weaknesses evident in this community's service delivery system, followed by the researcher's recommendations for change within the community. The thesis essentially addresses the general nature of service delivery in the rural setting, using Wells County as a supportive example for the assumptions presented.

INTRODUCTION

Definition of community:

"Communities" may be defined strictly by their physical boundaries or geographic localities. However, there are several other ways to define communities, all of which will be more or less effective for different purposes. First, a community may be based on a common heritage of its members. For instance, those who feel an affinity with one another due to ethnic origin, race, sexual orientation, age, or gender may develop a sense of existence as a "community" in order to strengthen the social support networks of the members. Second, communities may be formed on the basis of shared values or beliefs, such as religious or political interests. These communities may serve to reinforce the values of the individual members and provide a place where those values can be freely expressed and practiced (Brody 148). Finally, communities can develop from a common desire to provide mutual support and may consist of those affected, whether directly or indirectly, by a specific problem. This type of community may be formed as part of a problem-solving effort or as a place where members can share concerns and help one another learn to cope with a common affliction (149). A community, therefore, may exist not only as a relatively permanent physical place, but also as a rather transient state of mind.

"Community" may even come to encompass all these characteristics in the rural setting, since rural communities have a definition entirely their own. In the state of Indiana, counties must meet two guidelines in order to be classified as rural by the State Department of Health. According to the Health Department, those counties which were not designated metropolitan areas by the U.S. Office of Management and Budget prior to 1992, and which have a central city

with a population of less than 10,000, are rural areas. Of the 92 counties in Indiana, 44 meet the standards for rural classification by the State Department of Health. In Northeast Indiana, Wells, Adams, Jay and Blackford counties are all classified as rural (*The Health of the Rural Population* xvii).

While the county is basically a geographical unit, it may have both rural and urban areas within its borders. However, because most data are collected and reported on the county level in rural areas, the county becomes the central definition of the community. Along with farm communities, rural communities may include physically isolated towns and cities as well as manufacturing areas (xvii).

Implications for human services:

Perhaps the most significant factor affecting human service delivery in the rural setting is community isolation. Service agencies in rural areas often tend to the needs of persons living in a radius covering hundreds of square miles, but with only a handful of workers (Buxton 37). As in urban areas, rural communities are experiencing a host of complex problems resulting from population increases, living pattern shifts, technological developments, environmental concerns, governmental and social structure and concept changes, and costs of providing facilities and services. Among the many problems facing communities today are "inadequate housing, uneven distribution and high costs of health services, job shortages and low incomes, lack of safe water and sewer systems, increased volume of solid wastes, competition for natural resources, complex government regulations, and conflicts in values" (*Evaluation of Economic and Social Consequences of Cooperative Extension Programs* 131).

Because there are relatively few service providers in rural communities, which usually lack the resources to develop new programs and facilities for their residents (Skidmore 305), service providers must be able and willing to work in diverse capacities. In providing direct service to individuals, families, and groups, a single human service worker may deal with issues of alcoholism, teen pregnancy, unemployment, and a number of other concerns which workers in urban settings may be able to select as a specialty (Schott 156). In rural areas, service providers must also act as resource specialists. Not only should they be familiar with the programs available within their own service district, they must be able to refer individuals to agencies and services in metropolitan areas often located many miles away. Effective human service in the rural setting also necessitates creativity in utilizing most effectively those resources which are available within the community. Rural human service workers are often looked to for leadership on a widespread community level and must, therefore, possess excellent administrative and organizational skills. They must be able to coordinate services, raise funds for new projects, and market the resources available to community residents (Skidmore 308).

Development of case study:

As with any type of community setting, there are four key aspects involved in improving services and programs available to local citizens in rural areas. Service providers must first recognize the unique combination of problems facing their community and understand the ways in which single problems can interact and build upon one another. To that knowledge they must add an awareness of the help that is available and how to access it. They should also understand the choices and trade-offs to be considered by the community in deciding how best to utilize its limited resources. Finally, it is absolutely essential that rural human service workers be able to

work effectively with other agencies and providers in the community (*Evaluation of Economic and Social Consequences of Cooperative Extension Programs* 131).

The purpose of this research is to examine the ability of one rural community, specifically Wells County, Indiana, to meet these four challenges of service delivery. Some published data has been utilized in developing a demographic picture of the community being studied. However, the research is based primarily on personal interviews with key leaders and service providers in the community. The content of these interviews included an examination of the major problems facing Wells County and the efforts currently being made to correct those problems. The researcher also looked at the ways in which various agencies interact with one another to maximize resources and improve service delivery. Naturally, gaps remain in the services available to Wells County residents, and these were identified along with some explanations for their existence. Finally, the service providers indicated their predictions for the future of human service delivery in Wells County.

One limitation of this research study is that the data was collected solely from the perspective of community leaders, most of whom had not personally experienced the problems they identified. It is possible that an entirely different story would have developed had the study included interviews of those who utilize the various services available in the community. In addition, the nature of the research method, based primarily upon personal interviews, limited the study in that the data obtained is almost entirely qualitative. It was impossible for the researcher, based on the information collected from the sources available, to quantify the community needs, effectiveness of services provided, and remaining inadequacies in service

delivery. Finally, only a handful of service providers were interviewed in the study, so the information collected provides a limited glimpse at the state of service delivery in Wells County.

COMMUNITY STRUCTURE AND NEEDS

Demographics

The 370.0 square miles comprising Wells County support a population of approximately 26,100 individuals. Only one percent of the county's population consists of people of color, with 262 individuals of Hispanic descent and 10 African Americans (*The Indiana Fact Book* 377). Between 1990 and 1992, the population of the county increased by only 1.2 percent, somewhat lower than the state average of 2.1 percent (98). Of 387 live births in 1992, there were a total of 39 births to teenagers (ages 15-19), 59 percent of whom were unmarried. Nearly 86 percent of the women giving birth in 1992 received inadequate prenatal care during the first trimester, a figure well above the state-wide proportion of 79.1 percent (*Wells County First Steps County Profile*).

Remarkably, Wells County has an annual high school dropout rate of only 1.8 percent, compared with the state dropout rate of 3.1 percent annually (*Wells County First Steps County Profile*). However, only 4.4 percent of the county's population were enrolled in higher education in 1992, a full one percent below the state average (*The Indiana Fact Book* 126). The fact that the greatest numerical employment growth between 1984 and 1993 occurred in retail trade, manufacturing, and agriculture / service may contribute to Wells County residents earning wages significantly lower than the state average. Although the county's average wage increased by 39 percent from 1984 to 1993, the 1990 census reported an average annual wage of \$21,177 for Wells County residents, compared with the average of \$23,304 for the state of Indiana (*HIGHLIGHTS Wells County*). Nevertheless, only 5.5 percent of Wells county residents were living in poverty during that year, while 10.3 percent of the citizens of Indiana as a whole were

poverty-stricken (*The Indiana Fact Book* 197, 377). Approximately four percent of the Wells County population are enrolled in the Medicaid program and / or receive food stamps, according to a report published in 1995 by the Wells County Local Planning Council.

Community needs:

Throughout the study, a number of needs were identified by the various community leaders. Some, not surprisingly, were well-recognized and wide-spread, while others seemed to be more obscure, perhaps affecting fewer citizens. Undoubtedly, though, transportation proved to be the most far-reaching need for Wells County residents. Six out of the eight agency representatives interviewed discussed transportation as one of the primary service needs in their community, citing a number of examples to prove their points. To begin with, transportation has been identified by the Welfare Committee as a county-wide problem (Valind), primarily because there is no public transportation system currently serving any part of the county (Lindsay). Transportation is somewhat less problematic today than in the past, because some services now exist for specific client groups, such as the elderly and disabled (Gerdorn). However, even those populations have unmet transportation needs, and the needs of other populations have not been addressed at all (Horan). For instance, no transportation is available for youth who do not drive, and whose parents are unable or unwilling to transport them to after-school or summer activities. Many adults in the community, particularly the rural areas, also have the skills and desire to work, but lack transportation reliable enough to enable them to maintain jobs (Lindsay). As a result, individuals, businesses, and service agencies are all adversely affected by the inability of Wells County citizens to secure transportation.

One cluster of major problems in Wells County revolves around youth and families. The point of view of many Wells County citizens is that a lack of communication between family members is at the root of all other problems facing the community (Sherer). Evidence for this assumption has been cited in the fact that 14 percent of the eighth grade class at a local high school attempted suicide during the 1995 - 96 academic year. With the rapid development of gang activity in Wells County over the past two years, youth crime and violence are of increasing concern to community members as well. In fact, teenage girls comprise the fastest growing group of violent offenders in Wells County at this time (Horan). Teen pregnancy is perhaps the least addressed issue currently facing Wells County youth and families. In spite of the fact that 39 out of 387 live births in the county in 1992 were to teen mothers (*Wells County First Steps County Profile*), many school officials and community leaders contend that, "We don't have a problem." Therefore, birth control is not readily available to young people, and there is virtually no community support for teen or young parents (Gerdorn).

Healthcare is another problem for Wells County residents, although the issue is defined in a variety of ways. Some contend that with two acute-care hospitals in the area, citizens are only hindered by their own lack of motivation to seek healthcare (Gerdorn). As a result, the available healthcare is simply utilized poorly (Lindsay). Others argue that healthcare needs to be made more affordable and accessible, particularly in order to meet the needs of low-income families. The accessibility issue is directly related to Wells County's transportation problem, as evidenced by the fact that rural citizens have literally walked miles to visit a mobile healthcare unit (Schnepf). Even with the services available, health maintenance and prenatal care opportunities are presently inadequate to meet the needs of the community. Funds are not being

made available for prenatal care programs because the public attitude denies the existence of any problem in women's ability to secure care. Similarly, although there is a free healthcare clinic in Bluffton, it is open only to patients with acute needs (Gerdorn).

Other community problems include the rise of crime and violence, both domestic and gang-related. Associated with that issue is a need for substance abuse treatment and counseling programs for domestic abuse. Park Center does provide some such services, but the need remains prevalent (Sherer and Lindsay). Of great concern to many area residents is also the lack of diversity within the community. Young people growing up in Wells County are exposed to a predominantly white, Euro-American, middle class culture, without even adequate education regarding other cultures. Finally, the ability of the rural community to compete with urban centers is a significant concern. Because its cultural and social opportunities are so limited, the rural community offers little to attract businesses and residents away from cities such as Fort Wayne and into the county (Sherer).

RESPONSE TO NEEDS

Current approaches:

The Wells County community has already addressed some of the issues which affect its members. To begin with, there are a number of programs and services designed to meet the needs of youth in the community, primarily by strengthening "the family unit." In March of 1996, the Wells County 4-H Association spearheaded a campaign to raise funds for construction of a new community center in the 4-H park. The overwhelming response enabled the fundraisers to surpass, double, and again surpass their goal for contributions. The facility, for which groundbreaking is scheduled in late July or early August of 1996, will be available for public and private receptions, recreational activities, and organizational meetings (Sherer). The City of Bluffton Parks Department has also made efforts toward improving the recreational opportunities available to the young people of Wells County. The department recently purchased and refurbished the Parlor City Athletic Club, improving not only the facility itself, but also developing more structured programs with greater supervision than existed in the Club previously (Lindsay). In addition to the Club, families in the community can find recreation in the city parks system, Oubache State Park (located less than five miles from Bluffton), the Wells Community Swimming Pool, and the scenic River Greenway.

The educational and interpersonal needs of Wells County youth and their families are also being addressed by the development of some service programs. For instance, the Extension Service sponsors "Talking with T.J." in the local school systems. This educational program on resolving conflicts is directed toward the developmental level of second and third graders, and is aimed at teaching and demonstrating effective conflict resolution early in life (Sherer). The

Center for Non-Violence, located in Fort Wayne, Indiana, recently opened a satellite office in Bluffton in order to begin to address conflict resolution issues in the county. However, the problem with these services is that they presently target only adults. Community leaders hope to see the Center expand its programs to serve the younger, often more impressionable, populations in the community (Horan). Extension has also attempted to make community members more informed with regard to the increasingly prevalent gang issues in Wells County in the past few years. As part of this effort, gang awareness was the subject of the agency's annual meeting in 1995 (Sherer).

In addition, there are some programs offering supportive services to children and families. For instance, First Steps provides early intervention for families with developmentally delayed children under three years of age. This program serves primarily as a liaison for families, by pulling them into the grant-writing process and advocating with provider agencies on their behalf (Horan). Family Centered Services is another agency working to strengthen Wells County families through unconditional family support, coordination of services, and advocacy for clients. These aims are accomplished through a variety of nurturing parenting classes combined with home visits to the families they serve. Although their programs can be accessed through self-referral, many of their clients are referred by the Division of Family and Children. As a result, the ultimate goal with most of their families is to prevent permanent placement of children outside the home and successfully reunify families (Bordeaux). Parenting classes are also offered at Caylor-Nickel Medical Center, but the fees for these classes limit the availability of the services to those who can afford them.

The community's healthcare needs are being addressed in a number of ways as well. The Panos Free Clinic provides free care to low income and uninsured families for acute illness and minor emergencies. Free screenings are available periodically from the local chapter of the American Heart Association, and the Wells County Health Department offers immunizations and TB tests for community residents. The Health Department also provides weekly healthcare visits to the county jail along with a variety of education programs for school-aged children. Preschool children are instructed in handwashing, with third and fourth grade programs emphasizing dental hygiene. Classes on infectious diseases are taught at the middle school level. The Wells County Cooperative Extension Service also organizes nutrition programs to educate and promote the well-being of area residents. Additionally, those hindered by transportation problems can receive routine health maintenance care by visiting one of two HealthQuest vans operated by Caylor-Nickel Medical Center. These mobile facilities serve primarily low-income and migrant families in the rural areas of Wells, Adams, Randolph, Jay, Huntington, and Blackford counties. The first vehicle has seen a remarkable usage rate of 88 percent, which prompted the addition of the second unit in May, 1996. The newer unit is larger and staffed not only with a nurse practitioner, but with a full-time social worker and registered nurse as well. Finally, the two hospitals in Bluffton each have their own Home Health Care program, and a Hospice is currently being formed through the cooperative efforts of Adams County Memorial Hospital, Caylor-Nickel, and Wells Community Hospital.

Additional services to Wells County citizens with special needs include "Warmth for Wells," a rent and utility assistance program sponsored by Community and Family Services, with matching funds from NIPSCO. Unfortunately, though, this program is available primarily

to citizens living within the Bluffton city limits. Free transportation is provided to senior citizens in Bluffton proper through "Senior Ride," which is operated from the Bluffton Mayor's office. The "Senior Surrey" is a similar service sponsored by the Wells County Council on Aging and is available to citizens throughout the county. Transportation is also available for physically handicapped individuals, although priority is given to those who need transportation for medical reasons.

According to most of those interviewed, Wells County is a basically well-networked community. There has been a recent movement toward greater cooperation among agencies, and there now exist more coalitions than ever before in the county (Sherer). A Transportation Advisory Committee has been formed with representatives from a number of area businesses and agencies to brainstorm for possible solutions to the county's transportation problem. The Wells County Council on Aging is also working with Bi-County officials to coordinate their own transportation efforts. Since each agency offers transportation to its clients, there is hope that they may begin to share vehicles, expenses, and responsibilities in order to prevent duplicated services (Valind).

Youth and family issues are being addressed through cooperative efforts as well. Wells County Concerned Citizens for Youth is an organization formed to look into the development of a youth center with expanded offerings. The citizens' group has broadened its efforts to serve the needs of Wells County's young people, however, with the movement toward completion of the new 4-H / Community Center (Lindsay).

Interaction between healthcare providers is also becoming more prevalent in Wells County, with the development of Northeast Indiana Family Hospice. Opened in May, 1996,

Hospice is a cooperative effort of Wells Community Hospital, Caylor-Nickel Medical Center, and Adams County Memorial Hospital. In addition, executives from the two Wells County facilities have begun meeting periodically in an effort to reduce competition and share resources (Schnepf). The various healthcare organizations and professionals also collaborate in volunteering their services to the operation of the Panos Free Clinic. Unfortunately, though, the Wells County Health Department has been extremely limited in its interactions with other local healthcare agencies (Gerdorn).

Two organizations play significant roles in promoting and enhancing interactions among agencies. The United Way, often thought of as merely a fund-raising body, actually serves as a convener, bringing people in the community together to work toward common goals. Because of its strong rapport with many organizations and agencies within the county, the United Way is able to call attention to community needs and successfully pool resources to meet those needs (Lindsay). The Cooperative Extension Service is also vital to the development of coalitions among service providers and other concerned citizens. In fact, the true strength of Extension lies in its very nature as a cooperative body (Rasmussen). One example is the relationship between the Extension Service and the Bluffton Chamber of Commerce; the two agencies work together to promote economic development in Bluffton and throughout Wells county. Extension has also been instrumental in developing the Community System-wide Response (CSR) in Wells county. In April, 1996, the county extension agent and judge put together a team of community leaders and professionals to attend this seminar on innovative service programs being implemented throughout the country. The design of this program serves multiple purposes, not the least of which is to connect Extension with other community agencies. The appointment of a county

judge to head the task force is key in that this individual has the authority to implement whatever recommendations the team makes. Finally, CSR encourages a unique type of interaction among agencies and helps build a solid working relationship between service organizations and the local justice department (Sherer).

Interaction among service providers is not only helpful, but absolutely essential in today's human service climate. In fact, "almost none of the things that get started are the result of individual contribution or effort" (Bordeaux). Clearly, even the Cooperative Extension Service has recognized the need for greater collaboration among agencies and professionals. When Extension programs were simple and clientele more homogenous, the information and support provided from within the confines of agriculture and home economics colleges were sufficient. Today, however, information and assistance must be sought from other sources, including the social and psychological sciences (*Evaluation of Economic and Social Consequences of Cooperative Extension Programs* 20).

Service deficiency:

Despite the wealth of programs and opportunities available to Wells County citizens, a number of gaps in service delivery were repeatedly identified by those interviewed in this study. First, and perhaps most obvious, is the continuing lack of a public transportation system of any sort. In addition, community members are largely unaware of many of the services which are available throughout Wells County. Furthermore, preventive healthcare remains difficult for low-income and uninsured families to obtain, and the current level of coordination of healthcare services is inadequate. There also are no programs addressing the needs of teen parents in the community. In fact, when the Cooperative Extension Service tried to implement its "Have a

Healthy Baby" program in the three area high schools, none agreed to cooperate with the program. Their refusal was based on the argument that, "we don't have a pregnancy problem," in spite of the fact that thirteen expectant mothers were enrolled in one of the schools at that time (Sherer). Also, there are no licensed day care centers in Wells County, and the number of children needing day care exceeds the number which can be serviced by the individual providers. Finally, the lack of a renters' association to promote tenant rights in the community was cited as a significant need.

The most often identified explanations for these remaining service gaps are financial limitations, time constraints, and differing personalities and opinions among service providers. Rural counties like Wells are often eligible for only small grant allocations, and many service providers find the time and energy required for the grant-writing process to be more costly than the value of the grants (Horan). Even those services which are available may not be accessible because of financial considerations. Those programs funded through private pay are often beyond the reach of those potential clients who need the services most, and public pay programs are experiencing a severe budget crunch. Furthermore, services may not be utilized to their fullest potential due to a lack of motivation on the part of potential consumers. Many individuals tend to take a "wait and see" approach when problems first arise, so services frequently are not utilized until in the midst of a crisis (Bordeaux). Furthermore, agencies often do not have time to implement the many aspects of service delivery (Lindsay), and by the time they realize that a problem needs to be addressed, they usually have to move on to a different issue. Also, despite the fact that needs are constant in the community, the rural setting presents a difficulty in maintaining programs, since the number of people needing a particular service can fluctuate

drastically (Jarrell). Another explanation for inadequate service delivery is that individuals in the community are driven by habit to function by the same means they have always operated under. Therefore, it is difficult for many area citizens to conceive of and utilize new programs and services (Valind). Finally, competition among agencies poses a barrier to communication and cooperation. Some services are unnecessarily duplicated simply because none of the providers are willing to sacrifice or alter "their program." Goal setting is also a challenge for community leaders when they do attempt to form coalitions, since each party involved inevitable brings to the table his / her own perspective and agenda (Schnepf).

Predictions:

Expectations for the future of human service delivery in Wells County are overwhelmingly positive. What's more, nearly all those interviewed for this study centered their predictions around the common theme of an ever-increasing emphasis on cooperation among agencies and coordination of programs. Essentially, these key leaders all indicated that former competitors will continue to share resources and ideas, eventually forging even stronger, more effective coalitions. The Executive Director of United Way even pointed out that decreases in government funding for programs will be positive in that they will force cooperation among service providers. She cited the example that her own agency encourages cooperation among professionals by refusing to fund duplicated efforts (Lindsay).

Some, however, did take a less optimistic approach in terms of their expectations for service delivery in the future. Some believe that agencies will respond to budget restrictions simply by eliminating services, thereby leaving large numbers of individuals without the help they need (Bordeaux and Gerdorn). It was also indicated that waiting lists for access to service

delivery systems will become more prevalent as the population of Wells County continues to increase and monetary funding decreases further (Valind).

EVALUATION OF HUMAN SERVICES

Strengths:

Perhaps the greatest strength of the Wells County community is that its leaders have begun to recognize and respond to the need for cooperation among agencies and professionals. While there remains a considerable degree of competition for resources and clientele, the emphasis on collaborative efforts grows stronger daily. Furthermore, the community is one in which, "everybody seems to know everybody else." Therefore, there is a great deal of individual commitment to helping one's neighbor, as manifested in the success of volunteer programs in a number of agencies. The community has also taken strides toward addressing the needs of its low-income families, particularly in terms of healthcare availability. Finally, community cohesiveness is fostered through wide-spread attention to the ideal of strengthening the "family unit."

Weaknesses:

Unfortunately, though, all communities must inevitably display weaknesses. The Wells County community is often slow in recognizing the needs of its members, particularly when those needs are in opposition with values commonly held by area citizens. For instance, otherwise "concerned citizens" have stubbornly refused to recognize that teen pregnancy is an ever-growing problem among the young people of Wells County. The rural nature of the community can also present a weakness in that funds are difficult to obtain for the development and improvement of services and programs. Furthermore, there is a definite deficiency in information transfer throughout the county. Even when residents are aware of programs and opportunities, those living in the outlying areas of the county tend to hold the mistaken

assumption that those services are only available to residents of Bluffton proper. Finally, perhaps because of limited knowledge and information, the lines separating the county's three school districts seem to divide more than bus routes. There are a wealth of stereotypes surrounding each of the three segments of the county and the people who reside in them, making the county appear at times to be three distinctly separate communities. As a result, interactions among people in different districts are often tense when and if they occur.

Recommendations:

The community must continue to address its problems through a constantly growing emphasis on shared resources and collaborative efforts. Specifically, task groups, when formed, should be carefully constructed to include representatives from all three segments of the community, so that all will have an equal voice in decisions affecting the county as a whole. Funding bodies and private contributors will do well to stipulate, as United Way already does, that they will not finance efforts duplicated by multiple agencies. Community leaders also must be aware of what other organizations are doing in order to determine where shared interests exist. One possible method for enhancing this awareness would be to hold informal luncheons periodically, inviting agency representatives to meet one another and share information about what their respective agencies are doing.

In terms of specific program changes to be made, the community certainly needs to take a closer look at its transportation problem. It appears that this is already occurring, through the formation of the Transportation Advisory Committee. However, in order for the committee to accomplish anything, organizations will have to band together, realizing that they all suffer from the inadequacy of transportation services in the county. Similarly, community members must

accept the simple fact that problems do exist in their community, despite the prevalence of certain values. Particularly, the community can no longer ignore its teen pregnancy problem merely because the action necessary to address the issue may conflict with common moral and religious beliefs. It may be helpful, in attempting to alert individuals to the challenges facing their community, to invite outside speakers to address some of the more challenging issues at group meetings and community forums. Finally, healthcare services for low-income and uninsured families need to become more prevention-oriented. While the services currently available to these citizens address a very real need, a greater problem remains to be addressed. Without preventive care, the families being served are far more likely to need the acute-care programs than they otherwise would.

CONCLUSION

Wells County, Indiana, is a community with a very unique set of strengths and weaknesses. Like any community, its members have been attentive to many of its diverse needs and have responded appropriately. There remain, however, some problems which are not being adequately addressed at this time. As with any organization, the community must be in a state of constant self-evaluation in order to remain abreast of ever-changing needs. While the rural nature of the community poses a challenge to the service delivery system in terms of funding and geographic accessibility to services, the setting is also conducive to cooperation and mutual support. The majority of the community's members seem to realize that they must overcome their physical isolation and learn to depend upon one another in times of both need and plenty. The rural community will continue to survive, even prosper, as long as its members are willing to work together, sharing their limited resources, in order to achieve common goals.

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APPENDIX A
INSTRUMENT USED IN STUDY

- * From your perspective, what are the primary human service needs of Wells County?
- * In particular, what needs would you associate with the rural areas of this community?
- * How do you see these needs being met, and in what ways is the delivery of services lacking?
- * What would you consider to be the reasons for gaps in service delivery?
- * How does your agency interact with other organizations in the community in order to provide services?
- * What future trends would you predict in human service delivery in Wells County?

APPENDIX B

AGENCIES REPRESENTED IN STUDY

- * Caylor-Nickel Research Institute
- * Family Centered Services
- * Wells County Cooperative Extension Service
- * Wells County Council on Aging
- * Wells County Department of Corrections
- * Wells County First Steps / Step Ahead
- * Wells County Health Department
- * United Way of Wells County